



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure No. MSP 5.1.3	Subject: INMATE COMMUNITY WORK PROGAMS & PROJECTS	
Reference: DOC Policy No. 5.1.3		Page 1 of 7 plus 4 forms
Effective Date: March 31, 2008	Revision: (new implementation date) August 8, 2012	
Signature / Title: /s/ Leroy Kirkegard / Warden		
Signature / Title: /s/ Gayle M. Lambert / MCE Administrator		

I. PURPOSE

To outline how MSP inmates are selected, assigned, and supervised in community settings.

II. DEFINITIONS

Contract Placement Bureau (CPB) – the Department bureau that places and monitors inmates in private and regional prison facilities consistent with security needs, effective programming, community safety, and concerns of crime victims.

Community Work Program – Work programs located in the community for eligible offenders provided for governmental agencies or nonprofit organizations pursuant to *Mont. Code Ann. § 53-30-131 (2009)*, with supervision provided by the agency or organization.

Community Work Program Supervisor – The staff member from a governmental agency, nonprofit organization, or applicable division or facility designated to supervise offenders in a community work program.

Community Work Projects – Short-term work projects at state-owned or leased properties or in community settings requiring facility supervision.

Community Work Project Supervisors – The division or facility staff members who directly supervise inmates on community work projects.

Victim – A person who suffers property loss, physical or emotional injury, fear of physical or emotional injury, or death because of a felony crime, attempts to prevent a crime or apprehend a suspect, or a family member of a victim. Others may be recognized as victims on a case-by-case basis.

III. PROCEDURES

A. General Requirements for Community Work Programs/Projects

1. Staff supervising inmates will provide the level of support and monitoring necessary to promote inmate and program success and ensure public safety.
2. Inmate participation in community work will be administered in compliance with *DOC Policy 1.3.15, American with Disabilities Act (ADA)*.
3. Prior to assignment to community work, inmates must sign the Work Responsibilities Form (attachment C) acknowledging understanding of the rules and regulations.

B. Community Work Programs/Projects Inmate Eligibility Criteria

1. An inmate may be eligible for community work when classified as minimum custody or “long-term inmate” as outlined in facility procedures, or is within three years of release either by parole eligibility or discharge, and has:
 - a. completed or enrolled in recommended or court-ordered treatment, work or skill development programs;

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- b. acknowledged and accepted responsibility for crime(s);
 - c. received positive work reports; and
 - d. proven the ability to work independently.
- 2. An inmate is ineligible for community work if classified as a predatory inmate, or has:
 - a. medical restrictions that conflict with work requirements;
 - b. incurred major violations within the past six months;
 - c. incurred felony convictions while incarcerated;
 - d. outstanding detainers, warrants, notifications, or pending sentence reviews;
 - e. escape history from a secure facility within the past ten years;
 - f. history of trafficking in dangerous contraband within the past ten years while incarcerated; or
 - g. an escape or walk-away attempt from prerelease, work release, or monitoring program within the past three years.
- 3. Sex offenders must have completed or be actively participating and progressing in sex offender treatment as determined by a treatment provider to be considered for community work.
- 4. Inmates who transfer from out-of-state must have the approval of the controlling state before they are screened for community work.
- 5. All inmates who participate in community work may be subject to drug testing and unclothed body searches in accordance with *MSP 3.1.20, Inmate Urinalysis & Breath Analysis*, *MSP 3.1.17a, Searches*, and *MSP 3.1.17b, Contraband Control*.

C. Specific to Community Work Projects

Inmates may perform general maintenance and repair work on state-owned or leased properties, or in short-term projects in community settings, and assist in providing essential services to the prison administration in accordance with *53-30-141, MCA* and *53-30-151, MCA*.

D. Requests for Community Work Programs

- 1. Government agencies and non-profit or private entities that wish to have inmates participate in a community work program must submit a completed *Community Work Program Request Form (attachment A)* to the Warden and MCE Administrator.
- 2. Contracted regional or private prison administrators who wish to have inmates housed in their facility participate in a community work program must submit a completed *Community Work Program Request Form* to the Department's Contract Placement Bureau (CPB) Chief.
- 3. Persons who initiate a community work program request must address the following details before a work program is approved:
 - a. who will transport and supervise the inmate(s), such as a civilian work supervisor, a facility work supervisor, or security staff, including the expectations for each supervisor if there are multiple supervisors;
 - b. the work hours/schedule; and
 - c. all duties/tasks expected of the inmates
- 4. The Warden and MCE Administrator or CPB Chief will determine if there is a need for additional information or requirements.

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E. Selection, Screening, and Approval Process for Inmate Assignments to Community Work Programs

The following procedures must be completed in its entirety prior to any placement of an inmate to a community work program.

1. The work crew supervisor who is requesting an inmate from his/her inmate work crew be re-assigned to a community work program must fill out and sign the "Inmate Information" section of a *Community Work Program Eligibility/Screening form (attachment B)* and forward the form to the MCE Administrator or designee for approval/disapproval.
2. If approved, the MCE Administrator or designee will forward the form to the Unit Management Team who will:
 - a. Complete the second section of the *Community Work Program Eligibility/Screening form (attachment B)*, prepare a classification and risk assessment form for the inmate, and initiate a CJIN check on the inmate.
 - b. Present the Community Work Eligibility/Screening form, CJIN check results, and classification forms to the Administrative Review Committee (ARC), documenting any concerns.
3. The ARC will review the Community Work Eligibility/Screening form, CJIN report, and classification forms submitted by the Unit Management Team. The ARC will complete their section of the form.
 - a. If disapproved at this review, the ARC will return the paperwork to the Unit Management Team with written comments regarding the Committee's determination.
 - b. If the ARC recommends continuation in the screening procedure, they will forward the forms to the designated MSP Public Information Office / Victim Information Officer (PIO/VIO).
4. The PIO/VIO will notify and solicit input from the sentencing judge and appropriate county attorney.
 - a. In those instances where the victim has submitted a written request to be notified when the inmate leaves the facility, the PIO/VIO, pursuant to *46-24-212, MCA*, will notify the victim and/or victim's family of the inmate's eligibility for the community work program and recommended level of supervision.
 - b. If the PIO/VIO receives an objection to the inmate's community placement from the sentencing judge, county attorney, and / or victim, the PIO/VIO may recommend additional screening and input from other sources.
 - c. The PIO/VIO will fill out his/her sections of the form and submit a report to the ARC concerning the outcome of the notifications and solicitations for their consideration.
5. Following their review of the PIO/VIO report, the ARC will meet with the Local Screening Committee for final approval/disapproval after reviewing all pertinent documents.
6. The MSP Classification Specialist will forward copies of the screening/approval documents along with an inmate information sheet to the supervisor and to the respective UMT.
7. The MSP Classification Specialist will ensure that appropriate staff have access to a list of inmates who have been approved for community work assignments. Reports and records pertaining to each assignment will be filed in the Records and mini-files.

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F. Transportation of Inmates

1. MSP/MCE staff will transport inmate community workers to and from the work sites unless an alternative plan is agreed upon by all parties.
2. MSP/MCE staff must return the inmates to MSP at the end of each work period unless other arrangements are made and approved by the Warden and MCE Administrator or CPB Chief in advance.
3. If transport to and from the work site(s) necessitates overnight accommodations for the inmates, staff must make prior arrangements for the inmate's housing and supervision (i.e., prerelease, jail, or correctional facility), and will notify the MSP Command Post of where the inmate will be staying.

G. Supervision of Inmates

1. Supervision must address the following:
 - a. safety orientation for inmate workers;
 - b. procedures for the evaluation of each inmate's work performance;
 - c. procedures for documenting and submitting hours worked by the inmate(s);
 - d. a review of the *Work Assignment Responsibilities Form* (see attachment C) with the inmate, explaining duties, rate of pay, hours of work, etc.;
 - e. procedures to immediately notify the MSP Command Post any time there is reason to believe an escape has occurred or may occur;
 - f. procedures to report inmate rule infractions;
 - g. the ability to provide consistent and reasonable supervision of inmates, based on realistic work expectations and mutual respect;
 - h. possession and security of each inmate's picture ID card;
 - i. training in MSP inmate count procedures; and
 - j. the ability to communicate with the MSP Command Post at all times either by radio or telephone to ensure contact during inmate count and emergencies.
2. When a civilian is responsible for the supervision of inmates in the community work program, Unit management staff must ensure the civilian work supervisor receives training and orientation on the following issues/protocols prior to assuming supervision of inmate(s).
 - a. MSP/MCE count and escape notification procedures;
 - b. supervision of inmates based on realistic work expectations, mutual respect, and inmate accountability;
 - c. control, inventory, maintenance and use of all tools required to complete work assignments;
 - d. handling of inmate's picture ID cards and inmate information sheets; and
 - e. MSP/MCE communication equipment and procedures.

H. Prohibited Conduct

Prohibited conduct by community work program supervisors includes:

1. giving, trading, or receiving favors or gifts;
2. allowing inmates to supervise one another;
3. allowing inmates to receive and send mail or make and receive phone calls;
4. leaving keys in vehicles or leaving vehicles unlocked or unattended around inmates; or

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5. concealing any information that might be critical or detrimental to the accomplishment of the mission of the Department of Corrections, MSP, MCE, or the goals of the community work program.

I. Inmate Community Work Rules & Regulations

When applicable supervisors will ensure:

1. That inmate workers are prohibited from operating motor vehicles when off facility grounds, except for equipment or state vehicles approved in writing by the Warden or MCE Administrator (or designees). They will not allow an inmate who doesn't have a current State of Montana driver's license to operate a motor vehicle for any reason.
2. Supervisors will ensure that inmate workers stay at their assigned work sites at all times.
3. Supervisors will ensure that inmate breaks are conducted in a manner that limits public contact whenever possible.
4. Supervisors will ensure that inmate workers utilize/wear appropriate safety items and protective clothing and eye covering while working.
5. Supervisors will ensure that inmate workers are directed to immediately report all injuries, safety hazards, and broken or malfunctioning equipment to the supervisor.
6. Supervisors will conduct searches of work areas and the inmate workers as outlined in *MSP 3.1.17, Area Cell & Inmate Searches*. They will process any contraband they find as outlined in *MSP 3.1.16, Contraband Control*.
7. Supervisors will ensure that inmate workers stay away from hazardous equipment while it is operating.
8. Supervisors will ensure that inmate workers do not ride on vehicles or equipment in an unsafe manner.
9. Supervisors will take disciplinary action as outlined in *MSP 3.4.1, Inmate Discipline* with inmates who violate the rules and/or don't follow instructions given by the supervisor.
10. Supervisors will ensure their inmate workers exhibit courteous and respectful behavior towards staff, supervisors, and members of the public at all times.
11. Prior to assigning an inmate to a community work program, the supervisor will ensure that the inmate signs an acknowledgment of understanding regarding the rules and regulations that apply to the program they are entering by signing a *Work Assignment Responsibilities form (attachment C)* or a form specific to their assignment.

J. Monitoring the Inmate Work Program

After the inmate(s) begins work, Unit Management and other designated staff will:

1. Maintain close and regular contact with the supervisor and/or employer, documenting all contact, to ensure the supervisor and/or employer and inmate(s) are abiding by the terms of the community work agreement.
2. Monitor/oversee inmate community work programs or crews, conducting random spot checks. They must document all random spot checks (incident reports, log entries, etc.).
3. Maintain records on the performance of each inmate involved in a community work program, and ensure that all unusual incidents or problems are reported to the Warden and MCE Administrator as they occur.

K. Injuries and Medical Care

1. If an inmate is injured or becomes ill while working, or requires immediate medical attention, the work supervisor will take appropriate action and notify MSP medical staff.

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2. Supervisors will advise inmate workers who claim more minor medical problems to send a medical request form to the MSP Infirmary.

L. Work Absences and Removal from the Community Work Program

1. Unit staff will document (incident reports, log entries, etc.) inmate work absences and the reason(s) for them (medical appointments, call-out, groups, parole hearings, pre-release screenings, illness, injury, inmate refusal, etc.). They will notify the supervisor that the inmate isn't going to be at work. It is up to the supervisor's whether or not to excuse the absence.
2. An inmate may be removed from a community work assignment using the removal process outlined in *MSP 4.2.1, Inmate Classification*. The reason(s) for removal include, but are not limited to:
 - a. end of work assignment or work program
 - b. lack of skills required for the position
 - c. conflicting program requirements
 - d. mutual agreement between inmate and supervisor
 - e. refusal to work
 - f. poor work performance
 - g. rule violation(s)

M. Unauthorized Area/Escape

1. If an inmate worker cannot be accounted for the work supervisor must immediately notify the MSP Command Post to initiate escape procedures.
2. If an inmate worker fails to remain within the limits of the approved community work plan it will be dealt with on a case-by-case basis.

N. Community Work Projects Inmate Workers

On occasion it is necessary for an MSP/MCE inmate work crew supervisor to take an inmate or inmates already assigned to his/her work crew (that normally performs its work on facility grounds/property) into the community for a project. In these cases the supervisor must ensure that each inmate he/she takes into the community is supervised according to the protocols outlined in this operational procedure, and deployed in accordance with the following section.

O. Deployment Notification Form

1. Work crew supervisor must fill out and process a *Notification of Inmate Workers into the Community form (attachment D)* each time they take an approved inmate or crew into the community for a project. If the project is going to last for several days the supervisor will only need to process one form, but must indicate on the form the exact time frame that that he/she will be taking the crew or inmate out into the community.
2. The supervisor must make copies of the approved form and distribute to those listed at the bottom of the form.

P. Notifying Law Enforcement of Inmates Working in the Community

The supervisor will notify local law enforcement of an inmate's community work assignment at least one day prior to the inmate's being transported to a new or non-routine community work site. This will be communicated via phone and/or by a faxed copy of the necessary paperwork.

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IV. CLOSING

Questions concerning this operational procedure will be directed to the Warden and MCE Administrator or CPB Chief.

V. ATTACHMENTS & FORMS *(the forms are available in the MSP policy and procedure manual)*

Community Work Program Request form	attachment A
Community Work Program Eligibility/Screening form	attachment B
Work Assignment Responsibilities form	attachment C
MSP Notification of Inmate Workers into the Community form	attachment D



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS

COMMUNITY WORK PROGRAM REQUEST FORM

PROGRAM INFORMATION				
Requesting Agency <input type="checkbox"/> Internal <input type="checkbox"/> External		<input type="checkbox"/> State Agency <input type="checkbox"/> Non Profit <input type="checkbox"/> School District	<input type="checkbox"/> City <input type="checkbox"/> County Other: _____	Number of Offenders Needed _____ Request Date _____
Contact Person: _____		Telephone Number: _____		
<u>Program Description:</u> _____ _____				
<u>Location:</u> (Provide sufficient detail for emergency assistance) _____ _____				
Payment Terms: _____		Program Work Hours: _____		
Projected Start Date: _____		Projected Completion Date: _____		
FACILITY INFORMATION				
Facility/Program Name: _____		Region (If applicable): _____		
Facility Program Supervisor Name: _____		Telephone Number: _____		
Note Agency Program Responsibilities: _____ _____				
REQUESTING AGENCY OR ORGANIZATION INFORMATION				
Transportation Provided By Requesting Agency <input type="checkbox"/> Yes <input type="checkbox"/> No		Method of Transportation: (Indicate One) <input type="checkbox"/> Van <input type="checkbox"/> Pickup <input type="checkbox"/> Bus <input type="checkbox"/> Other: (Specify) _____		Vehicle Capacity _____
Tools, Supplies and Safety Equipment to be used: _____ _____				
Provisions for food and water: _____ _____				
Name(s) of Supervisor(s) who will provide safety instructions and oversee work: _____ _____				
Provisions for access to restrooms (Identify Type and Location) _____ _____				
Identify additional assistance being provided by requesting agency: _____ _____				
Requesting Agency Program Supervisor Name: _____		Telephone Number: _____		
ACCOMODATIONS PROVIDED BY MONTANA DEPARTMENT OF CORRECTIONS (To be filled out jointly with Requesting Agency)				
Size of Offender Work Force: _____		Number of Correctional Staff Assigned: _____		
Special Needs (i.e. clothing, equipment) _____				
Mobile Communications (i.e., cellular phone, hand held radio): _____				
Food Service: _____				
Vehicles: _____				
Armory: _____				
Other: _____				

PROGRAM RECOMMENDATION AND AUTHORIZATION

☐ Approved ☐ Denied

Reason for Denial *(i.e., staff resources, etc.)*

Signature:	Requesting Agency Representative	Date:	
Signature:	Warden/Superintendent/Facility Administrator	Date:	
Signature:	Contract Placement Bureau Chief <i>(if necessary)</i>	Date:	



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
COMMUNITY WORK PROGRAM SCREENING FORM

INMATE INFORMATION

Date: _____ Inmate Name: _____ DOC ID #: _____ Housing Unit: _____

Check the program you are requesting this inmate be assigned to:

☐ Wildland Fire Crew ☐ Museum ☐ Sheriff's ☐ Courthouse ☐ Hobby Store ☐ Cemetery ☐ Warehouse Truck Driver ☐ Other: _____

Supervisor Signature: _____

***This form must be accompanied by an Assignment/Removal form bearing the signature of the Warden and/or MCE Administrator.

UNIT MANAGEMENT TEAM SCREENING/PRELIMINARY REVIEW

Custody Level: _____ Crime(s): _____

Sentence: _____

County: _____ Parole Eligibility Date: _____ Discharge Date: _____

Recommend continuation of screening procedure. ☐ Yes ☐ No

Date: _____ / _____ Unit Manager/Designee Signature _____

Comments: _____

***If serving a sentence for a sex offense, provide a detailed program status report from an authorized therapist.

ADMIN REVIEW COMMITTEE SCREENING/PRELIMINARY REVIEW

Recommend continuation of screening procedure. If not, return to Unit Manager with a written explanation (i.e. updated psychological evaluation needed).

☐ Yes ☐ No

Date: _____ / _____ Admin Review Committee Signatures _____

Comments: _____

NOTIFICATION AND SOLICITATION

All responses will be attached to this form when submitting for final review.

Date: _____ Notification/Solicitation of Judge(s): ☐ Yes ☐ No ☐ No comment or response

(If no explain): _____

Date: _____ Notification/Solicitation of County Attorney: ☐ Yes ☐ No ☐ No comment or response

(If no, explain): _____

VICTIM NOTIFICATION (Pursuant to MCA 46-24-212)

Date: _____ Notification of Victims: ☐ Yes ☐ No _____

Facility Victim Information Officer (or designee) Signature _____

(If no, explain): _____

FINAL REVIEW

☐ Approved ☐ Disapproved

Date: _____ Institutional Screening Committee Signatures _____

Local Screening Committee Signatures _____

Stipulations: _____

The Supervisor is responsible for the Law Enforcement Notification if approved. This report must be completed for each inmate who is being considered for an off-site work assignment.



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS

WORK RESPONSIBILITIES

TO: _____ DOC ID#: _____ DATE: _____
Offender's Name

You have been assigned work as the _____ for the
(Title)
_____ and listed below are your duties, responsibilities
Department / Program
and information on the assignment.

1. Your main duties are as follows:

- a. _____
- b. _____
- c. _____

2. Your pay will be \$ _____ per hour/month.

Offender Community Work Rules & Regulations:

1. Offenders are prohibited from operating a motor vehicle away from the facility (exception: heavy equipment items or State vehicles may be operated with approval by the facility). No offender will operate a motor vehicle for any reason without a current Montana State Driver's License.
2. Offenders may not at any time leave assigned work sites.
3. Whenever possible, offenders will take rest breaks away from public view and in a manner that limits public contact.
4. Offenders must wear safety and protective clothing and eye covering while working.
5. Offenders must immediately report all injuries, safety hazards, and broken or malfunctioning equipment to the supervisor.
6. Offenders may not possess, use, or have in their control any item considered contraband in accordance with MSP 3.1.17b, Contraband Control.
7. Offenders will stay away from hazardous equipment while it is in operation.
8. Offenders may not ride on vehicles or equipment in an unsafe manner.
9. Offenders will follow all instructions given by supervisor(s).
10. Offenders will be courteous and respectful toward staff/supervisors and members of the public at all times.

I have read, or had read to me, the _____ rules contained in this assignment
Assignment Title
orientation material.

Offender Name *(please print)*

Offender Signature

DOC ID #

Date

Supervisor or designee Signature

Date

MSP NOTIFICATION OF INMATE WORKERS INTO THE COMMUNITY

Supervisor Making Request: _____ Title: _____

The above MSP/MCE Work Crew Supervisor is requesting permission to escort and supervise the inmates listed below from his/her work crew in the community for the following reasons: (include name of persons requesting work, the name of the community, location/address of work site, contact phone number, etc.)

Coordination Information: (dates, time frames, names of local law enforcement informed, etc.): _____

Equipment Taken (vehicles, tools, radios, restraints, safety equipment, etc.): _____

Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____

Staff Supervisors/Escorts: _____

Supervisor's Signature: _____ Date: ____/____/____

Unit Manager or designee: _____ Date: ____/____/____

Associate Warden or designee: _____ Date: ____/____/____

(The Unit Manager and Associate Warden of housing, or their designees, are to ensure the inmates listed above are on the current community workers list)

Comments: _____

Copies to:

Command Post
Supervisor

Guard Station
Records

Checkpoint
Count Office

Housing Units
Unit Management Teams

MCE Administrator

